

Fill in this Information to identify the case:

Debtor 1 Moises Guzman Rijos
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey
(State)

Case number: 13-31039 ~MBK

U.S. BANKRUPTCY COURT
FILED
TRENTON, NJ

2021 MAR -1 P 10:59

JUDITH A. NAUGHTON
BY: [Signature]
DEPUTY CLERK

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$9380.63
Claimant's Name:	Best Capital Services LLC (as assignee of Moises Guzman-Rijos Jr)
Claimant's Current Mailing Address, Telephone Number, and Email Address:	PO Box 93 Cohutta, Ga 30710 Phone number: 334-790-1178 Email address: Bestcapitalservicesllc@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of New Jersey
Peter Rodino Federal Building
970 Broad Street, Suite 700
Newark, New Jersey 07102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 2/19/21

Signature of Applicant 

Shawn Rice

Printed Name of Applicant

Address: PO Box 93

Cohutta, Ga 30710

Telephone: 334-790-1178

Email: bestcapitalservicesllc@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable) _____

Printed Name of Co-Applicant (if applicable) _____

Address: _____

Telephone: _____

Email: _____